UNITED STATES DISTRICT COURT

for the

FILED CHARLOTTE, NC

| District of | |
|-------------|--|
| | |

JUL 15 2022

____ Division

US DISTRICT COURT WESTERN DISTRICT OF NC

| | LOPENZO HOWARD JA |
|----|---|
| - | Plaintiff(s) |
| i | (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) |
| ì | BENJAFFA JR |
| 2_ | GrahamINVESTMENT |
| 3 | JAY Reality Corp |
| _ | Defendant(s) |

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. 3:22 cv 315

(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

The Parties to This Complaint I,

The Plaintiff(s) A.

В.

| Provide the information below to needed. | or each plaintiff named in the complaint. Attach additional pages if |
|--|---|
| Name | LORENZO HOWARD JR |
| Address | 4936 LAREVICEW Rd |
| | Charlette NC 28216 |
| | City State Zip Code |
| County | meckle berg |
| Telephone Number | (704) 493-2869 |
| E-Mail Address | Howardlorenzo 1575 a Simpil. Co. |
| The Defendant(s) | |
| individual, a government agency include the person's job or title (i | or each defendant named in the complaint, whether the defendant is an , an organization, or a corporation. For an individual defendant, if known) and check whether you are bringing this complaint against or official capacity, or both. Attach additional pages if needed. |
| Defendant No. 1 | |
| Name | BEN JAFFA Jr |
| Job or Title (if known) | Ben JAFFA Jr bwner |
| Address | JAFFA FLORENCE K POBOX 1903 |
| | MATTHEWS, NC 28106 City State Zip Code |
| County | |
| Telephone Number | |
| E-Mail Address (if known) | |
| | Individual capacity Official capacity |
| Defendant No. 2 | |
| Name | Graham Investment ComPANY |
| Job or Title (if known) | S17+10,7711 2711 C3 (71-21) C 2 - 11-11 |
| Address | 219 N Graham St |
| Addioss | Charlette NC City State Zip Code |
| County | Cuy State Zip Code |
| Telephone Number | |
| E-Mail Address (if known) | |
| | |
| | Individual capacity Official capacity |

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? I went to Say Replify to Gran INVestment, on March 141972 to get help with my nouse I was I mobeling In my fay ment of \$90.00 Per month, the Company said pay the few month tows. And we II send I to CAMERON Brown The Paymonds
- B. What date and approximate time did the events giving rise to your claim(s) occur?

 TH 1972 I SAWA I WALLAND GAMPON MY INDIVIDUAL DEED, I did NOT

 PECCEL VE ANY money At the time I ONLY WANTED THEM TO

 SEND THE MONEY TO CAMERON BROWN I S'EN FORTHMEN TO

 DO THAT NOT TO SELL MY HOUSE
- What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?

 Was anyone else involved? Who else saw what happened?) I was ExiCRED From my

 house DY 1998, The company Said they beight the house

 N 1972, my wife Frankly members

 LAST CASE 6-14-22 A month ASO TRIAL

 A CALENDAR CALL 06/06/2022

 Complaint

 (JURY TRIAL DEMANDED)

IV. **Injuries** No

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Paying \$325,60 A MO From 2/1973 - 1998. - Still the Company has the house All moneys received From the property in Rent and others Ets., A/SO LAMASES

VI. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing: $1 - 8 - $ | 22 | | |
|--|-----------------|-------|----------|
| Signature of Plaintiff Printed Name of Plaintiff | prenzo Houard 3 | or R | |
| For Attorneys | | | |
| Date of signing: | | | |
| Signature of Attorney | | | |
| Printed Name of Attorney | | | |
| Bar Number | | | |
| Name of Law Firm | | | |
| Address | | | |
| | | | |
| | City | State | Zip Code |
| Telephone Number | | | |
| E-mail Address | | | |

LORENZO HOWARD (704) 493-2569
THE UPS STORE #5926
STE 107
5009 BEATTIES FORD RD
CHARLOTTE NC 20216-2060

1 LBS 1 OF SHP WT: 1 LBS DATE: 12 JUL 2022

SHIP CLERKS OFFICE
TO: UNITED STATES DISTRICT COURT
CHARLES R. JONAS FEDERAL BUILDING
STE 210
401 W TRADE ST
CHARLOTTE NC 28202-1619



TRACKING #: 1Z 970 81F 03 3310 9225



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> CHARLOTTE NC 28202 STE 210 401 W TRADE ST

United States District Cour

for the

FILED CHARLOTTE, NC

District of

JUL 14 2022

| | Division | US DISTRICT COU WESTERN DISTRICT | OF N |
|--|---------------------------|-------------------------------------|------|
| | Case No. | | |
| LORENZO HOWARD JR | (to be fille | d in by the Clerk's Office) | |
| Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) |) Jury Trial: (check one) | Yes No | |
| + BENJAFFAJR |)) | | |
| 1 Graham Investment | | | |
| 3 JAY Replity Corp | | | |
| Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please | | | |

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

The Parties to This Complaint I.

with the full list of names.)

The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Street Address City and County State and Zip Code Telephone Number E-mail Address

B. The Defendant(s)

> Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

| Defendant No. 1 Name | N/A |
|---------------------------|-------|
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |
| L-man radioss (y mown) | |
| Defendant No. 2 | 2/1/ |
| Name | N/A |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |
| , | |
| Defendant No. 3 | 01/4 |
| Name | 10/11 |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |
| | |
| Defendant No. 4 | NA |
| Name | /*/** |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |

| | C. | Place of Employment N/A |
|-----|---------|---|
| | | The address at which I sought employment or was employed by the defendant(s) is |
| | | Name |
| | | Street Address |
| | | City and County |
| | | State and Zip Code |
| | | Telephone Number |
| II. | Basis t | for Jurisdiction \mathcal{N}/\mathcal{A} |
| | This ac | ction is brought for discrimination in employment pursuant to (check all that apply): |
| | | Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin). |
| | | (Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.) |
| | | Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634. |
| | | (Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.) |
| | | Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117. |
| | | (Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.) |
| | | Other federal law (specify the federal law): |
| | , | Relevant state law (specify, if known): |
| | | Relevant city or county law (specify, if known): |

| | | - | |
|------|-----------|----|-------|
| III. | Statement | of | Claim |

N/A

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

| A. | The discriminatory conduct of which I complain in this action includes (check all that apply): |
|----|--|
| | Failure to hire me. |
| | Termination of my employment. |
| | Failure to promote me. |
| | Failure to accommodate my disability. |
| | Unequal terms and conditions of my employment. |
| | Retaliation. |
| | Other acts (specify): |
| | (Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.) |
| В. | It is my best recollection that the alleged discriminatory acts occurred on date(s) |
| C. | I believe that defendant(s) (check one): is/are still committing these acts against me. is/are not still committing these acts against me. |
| D. | Defendant(s) discriminated against me based on my (check all that apply and explain): |
| | race |
| | color |
| | gender/sex |
| | religion |
| | national origin |
| | age (year of birth) (only when asserting a claim of age discrimination.) |
| | disability or perceived disability (specify disability) |
| | |
| | |
| Ξ. | The facts of my case are as follows. Attach additional pages if needed. |

NA

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

| It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or |
|--|
| my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct |
| on (date) |
| |

| В. | The Equal Em | ployment Opportunity Commission (check one): |
|----|--------------|--|
| | | has not issued a Notice of Right to Sue letter. |
| | | issued a Notice of Right to Sue letter, which I received on (date) |
| | | (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.) |
| | | |

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

60 days or more have elapsed. less than 60 days have elapsed.

V. Relief

NA

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

| VI. | Contification | been | Clarina |
|------|---------------|------|---------|
| V 1. | Certification | anu | Closing |

В.

N/A

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing: | |
|---------------------------|--|
| Signature of Plaintiff | |
| Printed Name of Plaintiff | |
| For Attorneys | |
| Date of signing: | |
| | |
| Signature of Attorney | |
| Printed Name of Attorney | |
| Bar Number | |
| Name of Law Firm | |
| Street Address | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address | |

LORENZO HOWARD
(704) 493-2589
THE UPS STORE #5928
STE 107
S009 BEATTIES FORD RD
CHARLOTTE NC 28216-2860

SHIP CLERKS OFFICE
TO: UNITED STATES DISTRICT COURT
CHARLES R. JONAS FEDERAL BUILDING
STE 210
401 W TRADE ST
CHARLOTTE NC 28202-1619

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